



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Joel S. Greenberger

Title: PROTECTION FROM IONIZING
IRRADIATION OR
CHEMOTHERAPEUTIC DRUG
DAMAGE IN VIVO GENE
THERAPY

Appl. No.: 08/907,041

Filing Date: 08/06/1997

Examiner: S. Chen

Art Unit: 1632

FEB 14 2003

T-1000

AMENDMENT TRANSMITTALCommissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

 Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted. Small Entity statement is enclosed. The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	32	-	33	= 0 x \$18.00	= \$0.00
Independents:	2	-	3	= 0 x \$84.00	= \$0.00
First presentation of any Multiple Dependent Claims:				+ \$280.00	= \$0.00
				CLAIMS FEE TOTAL:	= \$0.00

 Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

<input checked="" type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$110.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$410.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$930.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,450.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,970.00	\$0.00
	EXTENSION FEE TOTAL:		\$110.00
	CLAIMS AND EXTENSION FEE TOTAL:		\$110.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$55.00
	TOTAL FEE:		\$55.00

Please charge Deposit Account No. 19-0741 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.

A check in the amount of \$55.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 10 February 2003

By S. A. Bent, Reg #27768

for Barbara A. McDowell
Registration No. 31,640

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